

ISSUE SLIP STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	OSMUN		
O.I.P.E. CLASSIFIER		49	7/20/01
FORMALITY REVIEW	AK	931	08/29/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	12/1/02
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If more than 150 claims or 10 actions  
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Best Available Copy

7/21/00  
 08/29/01